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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/649 478

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra)	χ	Fee	Fee	_	Total
	Sm./Lg.			S	Sm. Entity	Lg. Entiry		10
Basic Filing Fee	201/101	,		_				.OHC
Total Claims >20 -	203/103	-20	x	_			•	
Independent Claims >3	202/102	-3 -	· x	_			•	
Mult. Dep Claim Present	204/104			_				
Surcharge	205/105	•		_			•	130
English Translation	139							
TOTAL FEE CALCULA	ATION							
Fees due upon filing t	he application:	O						
Total Filing Fees Due	= 5	8	20					
Less Filing Fees Subm	nitted / - \$							
BALANCE DUÈ	= S	80	20					
		•	•			•		

Office of Initial Patent Examination

						Application or Docket Number					ber
PATENT APPLICATION FEE DETERMINATION RECOF Effective December 29, 1999							09/649478				
CLAIMS AS FILED - PART I (Column 1) (Column 2)						ALL PE	ENTITY	OR	OTHER SMALL		
FOR NUMBER FILED NUMBER			EXTRA	RA	ΓΕ	FEE	1	RATE	FEE		
BASIC FEE				GANGSAMIS WALLAGEMES	\$2.904 83.935	14774 14772	345.00	OR		690.00	
то	TAL CLAIMS		/ minus 2	/ minus 20= *		X\$	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS minus 3 = *			3 = *	X				OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT						+13	0=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2						TOT	AL		OR	TOTAL	
	CI	LAIMS AS	AMENDED	- PART II						OTHER	THAN
		(Column 1		(Column 2)	(Column 3)	SMA	\LL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMEN	20 14.57 5.30	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	rE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NOM	Total	. 44	Minus	**	=	X\$:	9=		OR	X\$18=	
AME	Independent	· 4	Minus	***	-	X39			OR	X78=	
	FIRST PRESE	NTATION OF	MULTIPLE DEF	PENDENT CLAIM	<i>,</i>	+13	0=		OR	+260=	
			•				OTAL			TOTAL	
		(Column	1)	(Column 2)	(Column 3)	ADDIT.	ree	L	1	ADDIT. FEE	·
MENT B	# 3	CLAIMS REMAININ AFTER AMENDME	G	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MO	Total	*	Minus	**	= .	X\$	9=		OR	X\$18=	
AMEND	Independent	*	Minus	**	= .	X39	 9=		OR	X78=	
<u> </u>	FIRST PRESE			PENDENT CLAIM		+13	 0=		OR	+260=	
BEST AVAILABLE COPY							OTAL		OR	TOTAL	<u> </u>
						ADDIT.	FEE	L	JON	ADDIT. FEE	<u> </u>
 		(Column CLAIMS	1) 	(Column 2) HIGHEST	(Column 3)						
ENT C		REMAININ AFTER AMENDME	Start Start	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	=	X\$	9=		OR	X\$18=	
ME	Independent	•	Minus	***	=	X39	 9=		OR	X78=	
Ľ	FIRST PRESE	NTATION OF	MULTIPLE DEF	PENDENT CLAIM	1						-
	f the entry in colu	mn 1 is lose th	an the entry in colu	mn 2 write "0" in a	nlumn 3	+13			OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
	The "Highest Nun	nber Previously	Paid For" (Total or	rindependent) is th	e highest number	found in t	he ap	propriate bo	x in co	olumn 1.	